shown in Figure 6. The positive risk factors illustrated are being a cigarette smoker (516), not consuming any alcoholic beverages (522), not taking anti-oxidant vitamins (527), not taking an aspirin each day (530), not exercising (532), having a moderate level of stress (535), being hypertensive (542) and having a high level of homocysteine (582). The advisor includes, for example, verbiage on how to modify the risk factor.

Figures 6C-6T illustrates screen displays of information about a particular risk factor. These screens are displayed when the user selects (clicks on) a risk factor displayed in the personal risk factor summary shown in Figure 6A.

RISK FACTOR CALCULATION SECTION: As shown in Figure 2 (i.e., process 700), after the user's positive risk factors are displayed, if the user had neither CAD nor chest pain, then his or her risk of developing CAD is determined. The user's risk of developing CAD is determined using, for example, a conventional method, such as, the Framingham method. The Framingham method is described in the paper entitled "Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations," published by the American Heart Association, Inc. and American College of Cardiology.

The Framingham method assigns risk points to various risk factors, for example, age, total cholesterol, HDL cholesterol, diabetes, and smoking. Based on the risk points the risk of an individual is determined based on information from the Framingham Heart Study.

Figure 7A illustrates a first section of a flowchart for the calculation of risk section shown in Figure 2. First, the risk point total is set to zero (step 701). Next, based on the sex (step 702), and age (steps 703-711, 713-721), risk points are added to the risk point total (steps 703'-711',

713'-721'). For example, a male 41 six years old would have 1
point added to the risk point total (steps 705, 705').

Figure 7B illustrates a second section of a flowchart for the
calculation of risk section shown in Figure 2. After risk
points are added based on age, risk points are added (steps
723'-727', 728'-732') to the risk point total based on the
user's total cholesterol (steps 723-727, 728-732).   For
example, a male with a total cholesterol number of 245 would
have 2 points added to his risk point total (steps 726, 726').
Thus, the 41 year old male with a total cholesterol of 245
would have a risk point total of 3 thus far.

Figure 7C illustrates a third section of a flowchart for the
calculation of risk section shown in Figure 2. After adding
risk points based on total cholesterol number, risk points are
added to the risk point total (steps 733'-737, 738'-742')
based on HDL cholesterol (steps 733-737, 738-742). For
example, a male with an HDL cholesterol number of 45 (step
735) would add 0 risk points to his risk point total (step
735'). Thus, the 41 year old male, with a total cholesterol
of 245 and an HDL cholesterol number of 45 would have a risk
point total of 3 thus far.

Figure 7D illustrates a fourth section of a flowchart for the
calculation of risk section shown in Figure 2. In this
portion of the flow chart, risk points are added based on the
user's blood pressure (steps 743-747, 743'-747', 750-754, 750-
754'), whether the user has diabetes (steps 748, 748', 755,
755'), and whether the user is a smoker (steps 749, 749', 756,
756'). For example a male user that has a blood pressure of
125 (step 744), has diabetes (step 748) and smokes (step 749)
would add 4 points (steps 744', 748', 749'). Thus, a 41 year
old smoking male with a total cholesterol of 245, an HDL
cholesterol number of 45, a blood pressure of 125, and
diabetes would have a risk point total of 7.

Figure 7E illustrates a fifth section of a flowchart for the calculation of risk section, shown in Figure 2, for a male user. After the risk point total is calculated, the user's risk is determined and compared with a low risk population.

5   Referring to Figure 7E, based on the risk point total (steps 757-771) calculated in Figures 7A-7D the risk is determined (steps 757'-771'). Using the previous example where the risk point total was 7 for a 41 year old male, his risk of developing CAD is 13% (steps 764, 764'). In steps 772-779 and

10   772'-779', this risk is compared with the low risk population. Thus, this user 13% risk is 4.3 times the risk of a low risk population of 41 year old males.

Figure 7F illustrates a fifth section of a flowchart for the calculation of risk section, shown in Figure 2, for a female

15   user. Figure 7F determines the risk that a female will develop CAD (steps 780-797, 780'-797') and compares the risk with the low risk population (steps 701"-710"). For example, a 41 year old female user with a risk point total of 7 has a 6% chance of developing CAD (steps 787, 787'). This risk is 3

20   times the risk of a low risk population of 41 year old females (step 701", 706").

PROBABILITY OF DIAGNOSIS SECTION: Figure 8 illustrates a flow

25   chart of a probability of diagnosis (process 800) section shown in Figure 2. This section is executed when the user opts to discuss chest pain, and determines the likelihood that the user has CAD. Information provided by the user in this section may be stored, for example, in a probability of

30   diagnosis database. In steps 801-805, the quality, location, duration, and instigators of, and pain relievers for the chest pain are determined. Each of these determinations may trigger one of five criteria. If one or none of the criteria is met, then the chest pain is classified as non-cardiac chest pain

35   (step 807) and step 213 is executed. If two, three or four of the criteria are met (step 809), then the user's chest pain is classified as atypical angina (step 810) and the user is